DEPARTMENT	OF HEALTH AND HUMAN SERVICES
HEALTH CARE	FINANCING ADMINISTRATION

FORM APPROVED OMB NO. 0938-0193

STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN		1. THANSMITTAL NUMBER:	2. STATE:			
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COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 440, Subpart B 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 28c 10. SUBJECT OF AMENDMENT: Change in limitations for services provided by ambulatory surgical centers 11. GOVERNOR'S REVIEW (Check One): COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURD OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Jessie K. Rasmussen 14. TITLE: Director 15. DATE SUBMITTED: ugust 1, 2001 FOR REGIONAL OFFICE USE ONLY 16. PLAN APPROVED. PLAN APPROVED. ONE COPY ATTACHED. 20. SIGNATURE OF REGIONAL OFFICE USE. PLAN APPROVED. ONE COPY ATTACHED. 20. SIGNATURE OF REGIONAL OFFICE USE.	DEPARTMENT OF HEALTH AND HUMAN SERVICES	September 1, 2001				
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LIMITATIONS ON SERVICE

9. AMBULATORY SURGICAL CENTERS

- 1. The nonprofessional services associated with same-day services provided by ambulatory surgical centers are the same as those covered by Medicare, regardless of whether the professional services are covered by Medicare. Covered procedures are subject to the same limitations in Attachment 3.1-A, item 5 and item 10.
- 2. Certain frequently performed surgical procedures are subject to pre-procedure review by the Iowa Foundation for Medical Care to determine necessity based on established criteria. If approval is not given, payment will not be made to the physician or to the facility that provided the service.

 State Plan TN #
 MS-01-20
 Effective

 . Superseded TN #
 MS-85-37
 Approved
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